ftioner's Docket No. 3052/119

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ion of:

Daniel A. Henderson

Application No.: 08/726,024

Group No.: 2645

Examiner: Weaver, S.

Filed: 10/04/1996

For: Method and Apparatus for Improved Personal

Communication Devices and Systems

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application, including 45 sheets of replacement formal drawings.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory: Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

[X] deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a) [X] with sufficient postage as first class mail. 37 C.F.R. § 1.10*

☐ as "Express Mail Post Office to Addressee" Mailing Label No.

(mandatory)

TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703) 12/06/2005 CNGUYEN2 00000005 08726024

Date: December 2, 2005

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1020.00 OP

Jeffrey T. Klayman

(type or print name of person certifying)

^{*} Only the date of filing (\$ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Co	ol. 2)	(C	ol. 3)	(OTHER THAN A SMALL ENTITY				
	CLAIMS	 :									
	REMAINING	HIGH	EST NO.								
	AFTER	PREV	OUSLY	PRE	SENT					ADDIT.	
	AMENDMENT	PAID FOR		EXTRA		RATE			FEE		
TOTAL	31		31		0	x	\$	50.00	=	\$	0.00
INDEP.	1		3		0	х	\$	200.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00									=	\$	0.00
								TOTAL			
							AD	DIT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$1,020.00.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 19-4972.

If any fee for claims is required, charge Account No. 19-4972.

Date: December 2, 2005

Jeffrey T. Klayman Reg. No. 39,250

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